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Bib Data Sheet

CONFIRMATION NO. 2499

|  |  |   |                        |                                     |
|--|--|---|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/735,058  | FILING OR 371(c)<br>DATE<br>12/11/2003<br>RULE   | CLASS<br>118  | GROUP ART UNIT<br>1734 | ATTORNEY<br>DOCKET NO.<br>Erv Smith |
| <b>APPLICANTS</b><br>Noel G. Smith, Eau Claire, WI;                                      |  |   |                        |                                     |
| <b>** CONTINUING DATA *****</b>  |  |   |                        |                                     |
| <b>** FOREIGN APPLICATIONS *****</b>   |  |   |                        |                                     |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b>                     |  |   |                        |                                     |
| ** 03/23/2004  |  |   |                        |                                     |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Examiner's Signature<br>Initials | STATE OR COUNTRY<br>WI  | SHEETS DRAWING<br>18   | TOTAL CLAIMS<br>86                  |
| INDEPENDENT CLAIMS<br>15   |  |   |                        |                                     |
| <b>ADDRESS</b><br>26365  |  |   |                        |                                     |
| <b>TITLE</b><br>SPRAY BOOTH STRUCTURES   |  |   |                        |                                     |
| FILING FEE RECEIVED<br>1495  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                                     |